

FUNDRAISING REQUEST
Gallatin County Schools

NAME OF ORGANIZATION: G.C. Lower Elem. PTSD

SCHOOL SPONSOR: PTSD, Lower Elem.

DATE OF REQUEST: 8-17-12 DATE(S) SCHEDULED: Dec. 12-15th

Name of Company: Penguin Patch. Holiday Shoppe

Address: 11855 Alta Vista, Fort Worth TX 76244

Phone Number: 888-577-2824 Fax Number: _____

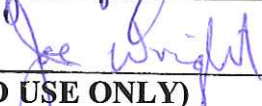
DESCRIBE THE FUND RAISING ACTIVITY: holiday shop for kids.

PERCENTAGE OF PROFITS: 20% DATE OF SALE Dec. 12-15th

PRIZE PROGRAM: /

(APPROVAL OF FUND RAISING REQUEST MUST BE OBTAINED FROM THE BOARD OF EDUCATION BEFORE ANY FUNDRAISING ACTIVITY CAN TAKE PLACE).

SIGNATURE OF SPONSOR: 

SIGNATURE OF PRINCIPAL: 

(FOR BOARD USE ONLY)

DATE OF MEETING: _____ CHAIRPERSON: _____

SUPERINTENDENT: _____